

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001260

FILED VS FEB

AMENDED

8 1961

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

232

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

75 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2229 Oakley

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Winfred

Middle

Last

Britt

4. DATE OF DEATH

Month

Day

Year

1

15

61

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10-1-1880

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

truck driver

10b. KIND OF BUSINESS OR INDUSTRY

self

11. BIRTHPLACE (City and state or country)

Olathe, Kans.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Britt

13b. MOTHER'S MAIDEN NAME

Tish Satterly

14. NAME OF HUSBAND OR WIFE

Lura Britt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

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17. INFORMANT

William Johnson

Address

2229 Oakley

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

2 degree intertrochanteric fracture of left femur

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-30-1960

1-15-61

and last saw him alive on

1-15-1961

Death occurred at

8:00

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Frank Ellis

22b. ADDRESS

400 Cherry City

22c. DATE SIGNED

1/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-17-61

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

Earp & Sons

ADDRESS

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-16-61

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John B. [Signature]

Licensed Embalmer No.

295-5

P. O. Address

1111 [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.